

1. CIR./DIST./DIV. CODE GUX		2. PERSON REPRESENTED SHIN, JI SUNG aka JAMES SHIN		VOUCHER NUMBER																																																																																																																																				
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:01-000083-002	5. APPEALS DKT./DEF. NUMBER 1:06-010697-001		6. OTHER DKT. NUMBER																																																																																																																																			
7. IN CASE/MATTER OF (Case Name) U.S. v. SHIN		8. PAYMENT CATEGORY Other	9. TYPE PERSON REPRESENTED Appellant		10. REPRESENTATION TYPE (See Instructions) Appeal of Other Matters																																																																																																																																			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																																																																																								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS ECUBE, CYNTHIA V. 207 Martyr Street, Suite 3 Hagatna GU 96910 Telephone Number: (671) 472-8889			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Salts For Federal Defender <input type="checkbox"/> R Salts For Retained Attorney <input checked="" type="checkbox"/> P Salts For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: <u>YANZA, LOUIE J.</u> Appointment Date: <u>01/22/2007</u> <input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>Leilani R. Tores Hernandez</u> <u>3/14/2007</u> <u>02/12/2007</u> Date of Order _____ Name Pre Term Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																																																																																																					
			14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																					
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